



*B/A*  
*Plw*  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In the Matter of the Application of: Longinos De Dios Martin

Serial No.: 10/717,077

Filed: 11/19/2003

For: **Cable Terminating Apparatus and Method**

Examiner: Ross N. Gushi

Group Art Unit: 2833  
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Commissioner for Patents

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*JoAnn F. Dilloway*  
JoAnn F. Dilloway

**AMENDMENT UNDER 37 CFR 1.312**

Sir:

A Notice of Allowance was mailed on August 18, 2004 in the subject application. Since issuance of the Notice of Allowance an error in antecedent basis has been found in the allowed claims. Applicant respectfully requests entry of the following amendment for the reasons presented herein:



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/717,077	
	Filing Date	11/19/2003	
	First Named Inventor	Longinos De Dios Martin	
	Art Unit	2833	
	Examiner Name	Ross N. Gushi	
Total Number of Pages in This Submission	8	Attorney Docket Number	21334-1286

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (312)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Jennifer Mae Sloan
Signature	
Date	8/26/2004

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Signature		Date 8/26/2004

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